

**APPENDIX A-1:**  
**Data Abstraction Tool: Exclusive Breast Milk Feeding (NEWB-1)**

**INSTRUCTIONS:** Hospitals must refer to the appropriate version of data dictionary for abstraction guidelines that apply to this measure. Updated text throughout this tool is marked by the use of the *Emphasis* font style. The capital letters in parenthesis represents the field name that corresponds to the data element name.

1. Provider Name (PROVNAME) \_\_\_\_\_
2. Provider ID (PROVIDER-ID) \_\_\_\_\_ (AlphaNumeric)
3. First Name (FIRST-NAME) \_\_\_\_\_
4. Last Name (LAST-NAME) \_\_\_\_\_
5. Birthdate (BIRTHDATE) \_\_\_\_ - \_\_\_\_ - \_\_\_\_
6. Sex (SEX)
  - ☐ Female
  - ☐ Male
  - ☐ Unknown
7. Race Code - (MHRACE) (Select One Option)
  - ☐ R1 American Indian or Alaska Native
  - ☐ R2 Asian
  - ☐ R3 Black/African American
  - ☐ R4 Native Hawaiian or other Pacific Islander
  - ☐ R5 White
  - ☐ R9 Other Race
  - ☐ UNKNOW Unknown/not specified
8. Hispanic Indicator- (ETHNIC)
  - ☐ Yes
  - ☐ No
9. Patient ID (i.e. Medical Record Number) (PATIENT-ID) \_\_\_\_\_  
(Alpha/Numeric)
10. Admission Date (ADMIT-DATE) \_\_\_\_ - \_\_\_\_ - \_\_\_\_
11. Discharge Date (DISCHARGE-DATE) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

12. What is the patient's primary source of Medicaid payment for care provided? (PMTSRCE) need updates from Iris

- ☐ 103 MassHealth FFS Network, MassHealth Limited Plans
- ☐ 103 Primary Care Clinician Management (PCCM) Plan
- ☐ 118 Medicaid Managed Care: Massachusetts Behavioral Health Partnership
- ☐ 147 Medicaid Managed Care: Other (not listed elsewhere)
- ☐ 288 Medicaid Managed Care: Boston Medical Center HealthNet Plan
- ☐ 7 Medicaid Managed Care: Tufts Health Together Plan
- ☐ 311 Medicaid Other ACO
- ☐ 4 Fallon 365 Care
- ☐ 24 Be Healthy Partnership with Health New England
- ☐ 4 Berkshire Fallon Health Collaborative
- ☐ 288 Well Sense Community Alliance (former BMC Health Net Community Alliance)
- ☐ 288 Well Sense Mercy Alliance (former BMC Health Net Mercy Alliance)
- ☐ 288 Well Sense Signature Alliance (former BMC Health Net Signature Alliance)
- ☐ 288 Well Sense Southcoast Alliance (former BMC Health Net Southcoast Alliance)
- ☐ 320 Community Care Cooperative
- ☐ 322 MGB Healthcare Choice (former Partners Healthcare Choice)
- ☐ 323 Steward Health Choice
- ☐ 910 My Care Family – MGB Health Plan (former Always Health Partners)
- ☐ 7 Tufts Health Together with Atrius Health
- ☐ 7 Tufts Health Together with BIDCO
- ☐ 7 Tufts Health Together with Boston Children's
- ☐ 7 Tufts Health Together with Cambridge Health Alliance
- ☐ 328 Tufts Medicine Care Plan (former Tufts Wellforce Care Plan)

13. What is the patient's MassHealth Member ID? (MHRIDNO) \_\_\_\_\_  
(Alpha characters must be upper case)

14. Length of Stay (Length of Stay (in days) = Discharge Date minus Admission Date)

- ☐ > 120 days (Review Ends)
- ☐ < = 120 days

15. ICD-10-CM Other Diagnosis Code (Table 11.21)

- ☐ On Table 11.21 (Review Ends)
- ☐ All Missing or None on Table 11.21

16. ICD-10-CM Principal or Other Procedure Codes (Table 11.22)

- ☐ At least one on Table 11.22 (Review Ends)
- ☐ All Missing or None on Table 11.22

17. What was the patient's discharge disposition on the day of discharge? (DISCHARGDISP)

(Select One Option)

- ☐ 01 = Home
- ☐ 02 = Hospice- Home

- ☐ 03 = Hospice- Health Care Facility
- ☐ 04 = Acute Care Facility (Review Ends)
- ☐ 05 = Other Health Care Facility (Review Ends)
- ☐ 06 = Expired (Review Ends)
- ☐ 07 = Left Against Medical Advice / AMA
- ☐ 08 = Not Documented or Unable to Determine (UTD)

18. Is there documentation that the newborn was at term or  $\geq 37$  completed weeks of gestation at the time of birth? (TRMNB)

- ☐ 1. Yes
- ☐ 2. No (Review Ends)
- ☐ 3. UTD (Review Ends)

19. Was the newborn admitted to the NICU at this hospital at any time during the hospitalization? (ADMNICU)

- ☐ Yes (Review Ends)
- ☐ No

20. Is there documentation that the newborn was exclusively fed breast milk during the entire hospitalization? (EXBRSTFD)

- ☐ Yes
- ☐ No